

# IL HIE Medicaid Work Group

## Meeting Notes

### April 2, 2012

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Anne Bobb	Children's Memorial Hospital
Pat Borrowdale	Pediatric Health Associates
Pam Bunch	Department of Healthcare and Family Services
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Mary Driscoll	Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Margaret Kirkegaard	Illinois Health Connect
Mike Koetting	Department of Healthcare and Family Services
John Lekich	Department of Healthcare and Family Services
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center (CHITREC)
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Mary Ring	Illinois Critical Access Hospital Network
Dorinda Shackelford	Advocate Health Care
Theresa Walunas	Chicago Health Information Technology Regional Extension Center

#### 1) Status Update

- **Stage 2 Meaningful Use Draft Rule**

**Renee Perry** encouraged the work group to read and comment on the draft rule. The Centers for Medicare and Medicaid Services (CMS) is discussing how the Meaningful Use criteria and the impact of their decisions affect Eligible Provider (EPs) practices and they welcome provider comments. May 7<sup>th</sup> is the last day for comments to the draft rule.

- **Number of Attestations**

**Renee** reported that there are almost 2,000 attestations in the pre-payment audit review queue. Almost 1,900 are EPs and 81 are Eligible Hospitals (EHs).

- **Electronic Funds Transfer/Paper Checks**

The majority of incentive payments have been by paper check. If HFS uses Electronic Funds Transfer (EFT) for future payments, it will be quicker. However, there is no way to indicate what the payment is for. If issued by paper, it will have this information. **Kelly Carter** learned that some of the providers that received their

payments via EFT, information was included for what the payment was for. She will send Renee an example to share with the group.

- **Medicaid Patient Volume Percentage Approval for Disproportionate Share Hospitals (DSH)**  
HFS learned that part of the DSH hospital determination process is based on patient volume. HFS is able to review this information as part of the pre-payment audit review process and can more quickly approve DSH hospitals for incentive payments.

## **2) Pre-payment Audit/Payment Processes Update**

The pre-payment audit review process is time consuming and labor intensive. **Renee** has checked with other states and CMS to see if other states are able to do this more quickly. Renee learned that HFS is performing the reviews correctly and that other states are struggling with the process, too. Renee and staff are attending the HITECH conference next week and will meet with CMS and others to discuss this and to share best practices. HFS is refining and building additional queries to improve the process. **Peter Ingram** suggested having work group members brainstorm for ways to expedite the review process. **Mary Driscoll** said that the Department of Public Health receives claims data from the Illinois Hospital Association who gathers the information from hospitals in Illinois. Public Health can share this data with HFS and Renee will contact Mary regarding this.

## **3) Stage 1 Meaningful Use Attestations Update**

HFS staff are developing screens and tables for the Stage 1 Meaningful Use application. Screen mock-ups will go to CMS for approval. HFS hopes to have the application built by the end of the year. Illinois will not be adding any state-specific measures.

The next call is scheduled on April 16<sup>th</sup>. Meeting adjourned.